SEVEN OAKS

6263 NORTH GREEN BAY AVENUE

GLENDALE 53209 Ownership: Corporation Phone: (414) 351-0543 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 94 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census: 87

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %							
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups 	%		78.7 19.1		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.2	More Than 4 Years	2.2		
Day Services	No	Mental Illness (Org./Psy)	15.7	65 - 74	9.0	1			
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	32.6	1	100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.9	* * * * * * * * * * * * * * * * * * *	******		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over 2.2		Full-Time Equivalent			
Congregate Meals	No	Cancer	2.2			Nursing Staff per 100 F	Residents		
Home Delivered Meals	No	Fractures	18.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	30.3	65 & Over	97.8				
Transportation	No	Cerebrovascular	18.0			RNs	5.6		
Referral Service	No	Diabetes	9.0	Sex	%	LPNs	13.5		
Other Services	Yes	Respiratory	6.7			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	31.5	Aides, & Orderlies	37.9		
Mentally Ill	No			Female	68.5	[			
Provide Day Programming for			100.0			1			
Developmentally Disabled	No				100.0	I			

## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	<b>:</b>	:	Family Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	178	32	100.0	111	0	0.0	0	36	100.0	192	7	100.0	111	0	0.0	0	89	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		32	100.0		0	0.0		36	100.0		7	100.0		0	0.0		89	100.0

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Admissions, Discharges, and   Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
					 % Needing		Total						
Percent Admissions from:		Activities of	96		sistance of	% Totally	Number of						
Private Home/No Home Health	10.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	0.0	Bathing	7.9		67.4	24.7	89						
Other Nursing Homes	4.2	Dressing	11.2		53.9	34.8	89						
Acute Care Hospitals	82.3	Transferring	12.4		67.4	20.2	89						
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.9		61.8	21.3	89						
Rehabilitation Hospitals	0.0	Eating	48.3		29.2	22.5	89						
Other Locations	2.6	* * * * * * * * * * * * * * * * * * *	******	*****	*****	*******	******						
Total Number of Admissions	192	Continence		용	Special Treat	ments	용						
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.5	Receiving F	Respiratory Care	2.2						
Private Home/No Home Health	28.0	Occ/Freq. Incontinen	t of Bladder	29.2	Receiving T	racheostomy Care	0.0						
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	20.2	Receiving S	Suctioning	0.0						
Other Nursing Homes	1.1				Receiving C	stomy Care	0.0						
Acute Care Hospitals	55.5	Mobility			Receiving T	lube Feeding	1.1						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.2	Receiving M	Mechanically Altered Diets	21.3						
Rehabilitation Hospitals	0.0												
Other Locations	3.8	Skin Care			Other Residen	nt Characteristics							
Deaths	11.5	With Pressure Sores		9.0	Have Advanc	ce Directives	65.2						
Total Number of Discharges		With Rashes		3.4	Medications								
(Including Deaths)	182	I			Receiving F	sychoactive Drugs	25.8						

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		Ownership: This Proprietary			Size:		ensure:					
	This				-99	Ski	lled	Al.	1			
	Facility	lity Peer Group		Peer	Group	Peer	Group	Facilities				
	90	90	Ratio	00	Ratio	୪	Ratio	ଚ	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	92.6	81.9	1.13	86.7	1.07	84.2	1.10	85.1	1.09			
Current Residents from In-County	86.5	83.1	1.04	90.3	0.96	85.3	1.01	76.6	1.13			
Admissions from In-County, Still Residing	32.8	18.8	1.75	20.3	1.62	21.0	1.56	20.3	1.62			
Admissions/Average Daily Census	220.7	182.0	1.21	186.6	1.18	153.9	1.43	133.4	1.65			
Discharges/Average Daily Census	209.2	180.8	1.16	185.6	1.13	156.0	1.34	135.3	1.55			
Discharges To Private Residence/Average Daily Census	58.6	69.3	0.85	73.5	0.80	56.3	1.04	56.6	1.04			
Residents Receiving Skilled Care	100	93.0	1.08	94.8	1.05	91.6	1.09	86.3	1.16			
Residents Aged 65 and Older	97.8	87.1	1.12	89.2	1.10	91.5	1.07	87.7	1.12			
Title 19 (Medicaid) Funded Residents	36.0	66.2	0.54	50.4	0.71	60.8	0.59	67.5	0.53			
Private Pay Funded Residents	40.4	13.9	2.91	30.4	1.33	23.4	1.73	21.0	1.92			
Developmentally Disabled Residents	0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1	0.00			
Mentally Ill Residents	15.7	30.2	0.52	27.0	0.58	32.8	0.48	33.3	0.47			
General Medical Service Residents	0.0	23.4	0.00	27.0	0.00	23.3	0.00	20.5	0.00			
Impaired ADL (Mean)	52.8	51.7	1.02	48.9	1.08	51.0	1.04	49.3	1.07			
Psychological Problems	25.8	52.9	0.49	55.5	0.47	53.9	0.48	54.0	0.48			
Nursing Care Required (Mean)	4.6	7.2	0.64	6.8	0.69	7.2	0.64	7.2	0.64			